	BUREAU OF VI	TE OF DEATH
N. B.—Every item of information should be carefully supplied. AGB should be stated BXACILY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	1. PLACE OF DEATH County Cooks Registration District	No. 218 Pile No. 1/4 2876
	· · · · · · · · · · · · · · · · · · ·	District No. 43.0/11 Registered No.
	2. FULL NAME Rev VEz Charles Forth	le Plete
	(a) Besidence. No. (Usual place of abode) St. (St.) (St.)	Ward, (If nonresident give city or town and State)
	Length of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U.S., if of foreign hirth? yrs. mas. ds. MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR Divorced (corus the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) (LLG 2 2 19
	Male White Single	17.
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	I HEREBY CERTIFY, That I attended doceased from
	(or) WIFE OF	that I last may he down alive on the destination of the destination of the date stated above, at
	6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 LESS than 1	THE CAUSE OF DEATH* WAS AS FOLLOWS:
	78 6 24 day,	Clauto peciloneli.
	8. OCCUPATION OF DECEASED	1 /
	(a) Trade, profession, ar clergyman men restricter kind of work Cedron The "	(duration) 773. 1300.
	(b) General nature of industry, business, or establishment in	CONTRIBUTORY Strangel lesption
	which employed (or employer) (o) Name of employer	(duration), yrs. mod. J
	9. BIRTHPLACE (CITY OR TOWN). Alsace Loraine	18. WHERE WAS DISEASE CONTRACTED
	(STATE OR COUNTRY) Service any	DID AN OPERATION PRECEDE DEATHS
	10. NAME OF FATHER WILLIAM	WAS THERE AN AUTOPSY?
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST about the design of
	(STATE OR COUNTRY)	(Signed) (Address)
	12. MAIDEN NAME OF MOTHER CUTY OR TOWN)	*State the Disnass Causing Draff, or in deaths from Vigness Causing, state
	(STATE OR COUNTRY) UMCU COUNT	(1) Means and Nature of Luury, and (2) whether Accidental, Suicidal, of Homictolal. (See reverse side for additional space.)
	14. INFORMANT Per 9 71 Skilling	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
	(Address) Boonulle Mio.	20 UNDERTAKER ADDRESS ADDRESS
	FILED /2 1929 W- JUN O O WOULD RECEISTEAR	Schurtsky Warnhoff Bonuill
}		10 000

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc.; without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at be-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

ginning of illness. If retired from business, that

fact may be indicated thus: Farmer, (retired, 6

urs.) For persons who have no occupation what-

ever. write None.

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____(name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage." "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc: State cause for which surgical operation was. undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

F Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements by physician.

#2 Cooper.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

114

WASHINGTON

Dear Sir: It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate. Name: Rev. Fr. Charles syeph Petty
Who died at It Joseph Horpet, on lung to Residence: No.__ (If nonresident, city or town) Length of residence in city or town where death occurred: Years Months Days

Sex M Color or race Single, married, widowed or divorced: Date of birth Age: Years 78 Months 6 Days 4 Occupation: (a) Trade, profession, or (b) Industry or business in which work was done, as silk mill, particular kind of work done, as spinner, saw mill, bank, etc. sawyer, bookkeeper, etc. Date deceased last worked at this occupation: Month_____ Birthplace (State or country)_ Birthplace of father (State or country)____ Birthplace of mother (State or country)____ Principal cause of death: Other contributory causes of importance Mhangulated Russles Name of operation _____Date of _____ Was there an autopsy?__ What test confirmed diagnosis?____ If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ______ Date of injury______, 19_____ Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury_ Nature of injury___ Was disease or injury in any way related to occupation of deceased?__ If so, specify_ Name of physician_

Address of physician_

Signature of Registrary Date filed
This information is sought for statestical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 218

Very truly yours,

E.T. M. Haugh. mo

Primary Reg. Dist. No. 30 15

S-28763